

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21512

State File No. _____

FILED JUN 26 1944

Primary Registration District No. 5465

Registrar's No. 501

1. PLACE OF DEATH

(a) County Greene
(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Peace Nursing Home, Rt 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME ALBERT JOHN ADAMS

3. (b) If veteran, name war unk. 3. (c) Social Security No. none

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single Now 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased unk. (Month) (Day) (Year)

8. AGE: Years 74 Months unk. Days unk. If less than one day hr. _____ min. _____

9. Birthplace unk. (City, town, or county) unk. (State or foreign country)

10. Usual occupation Art. Farmer

11. Industry or business Farming

12. Name unk.

13. Birthplace unk. (City, town, or county) unk. (State or foreign country)

14. Maiden name unk.

15. Birthplace unk. (City, town, or county) unk. (State or foreign country)

16. (a) Informant Peace Nursing Home

(b) Address Rt 4, Springfield, Mo.

17. (a) Burial (b) Date thereof 6-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forsythe Mo

18. (a) Signature of funeral director Harry Forsythe

(b) Address Forsythe, Missouri

19. (a) 6-14-44 (b) S. W. Handley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Juniata
(c) City or town Forsythe (If outside city or town limits, write "RURAL")
(d) Street No. Forsythe, Mo. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1944 hour 10 minute 25 PM

21. I hereby certify that I attended the deceased from 6-12-44 to 6-13-44 1944
that I last saw him alive on 6-12- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, Chronic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131P

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 3

23. Signature S. W. Handley (M. D. or other) unk.

Address Springfield, Mo. Date signed 6-14-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.